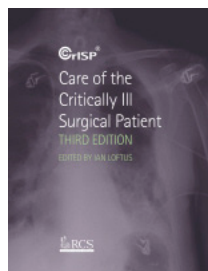


Book Reviews

CARE OF THE CRITICALLY ILL SURGICAL PATIENT 3RD EDITION

Ian D Anderson. Hodder Education. August 2010. £49.99. ISBN 9780340987247



This is the third edition of the very successful CCRISP course manual written by a multi-disciplinary team of surgeons and anaesthetists. The first edition was published in 1999 and the book has been extensively updated for its third edition. However, the original aim of the course continues: that is to encourage trainees to have an understanding of the pathophysiology of critically ill patients, particularly in surgery, and to develop and hone patient management skills as part of a team. The course is now mandatory for the trainee surgeon and this manual is an important adjunct to the course. The lead co-ordinating author is Ian Loftus, a vascular surgeon in St George's Hospital, London, and the Critical Care Tutor at the Royal College of Surgeons of England. He has gathered together a very experienced team of surgeons and anaesthetists.

The course manual covers the main topics important in the management of the critically ill surgical patient. The layout is clear with bullet point boxes and realistic case scenarios. The objectives of this popular course remain, namely to develop an understanding of the theory of the management of critically ill patients, and to develop the practical skills to assess and manage these patients successfully. As is to be expected, there is an emphasis on communication, multi-disciplinary and multi-professional management of these ill patients.

The major topics covered include the assessment of the critically ill surgical patient, airway management, blood gases, cardiovascular problems, various types of shock including haemorrhage, monitoring, renal failure and detailed discussion on fluid, electrolyte balance and sepsis. Pain management, communication and organisational skills are also included.

As is to be expected in a manual of this sort, it is written in a very didactic fashion. Relatively minor critiques would include the observation that some of the figures are small and the font size in some figures is a little too small for easy reading, such as figure 7.2 on page 92. Despite proof reading some typing errors have been included such as page 17 (CVP should be CNS). For a future edition the authors may want to discuss in some more detail the management of hypovolaemic shock, particularly, as it applies to trauma. While I appreciate some of these principles are covered in the equally popular ATLS course, nonetheless, some of the lessons learned from Afghanistan should be mentioned, such as in resuscitation and damage limitation surgery; permissive hypotension, particularly the avoidance of prolonged surgery, acidosis, hypothermia, all of which lead to coagulopathy. These relatively minor criticisms, all of which can be remedied in a future edition aside, I recommend this as an excellent course manual for trainees.

Finally, a significant part of the senior FRCS Intercollegiate Examination in General Surgery is a viva on critical care; more senior trainees would benefit from reading this short manual (only 250 pages) prior to this examination.

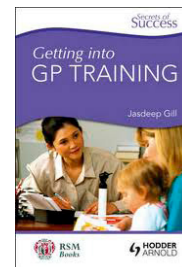
Established Consultants will also find this manual of benefit, to scan as a refresher, for their day to day practice and as a useful teaching aid.

Overall, with some minor criticisms as outlined above, this manual can be recommended.

Roy Spence

GETTING INTO GP TRAINING.

Jasdeep Gill. RSM Books Hodder Arnold. 2010. 311pp. £21.99. ISBN 9781853159541



There is considerable competition for those wishing to enter GP Training. The 2010 cohort consisted of 3,305 vacancies throughout the UK with an applicant to vacancy ratio of 2:1. This little book written by Jasdeep Gill, who at the time of writing was a ST2 in General Practice, is a must read for Foundation doctors applying for Specialty Training in General Practice. The book begins by looking at the qualities which make a good GP and it is around these competencies that the selection process is founded. The various stages of the Selection process are considered in depth and the applicant : vacancy ratios for the various regions declared. Of the sixteen Deaneries in the UK competition is greatest in London and Northern Ireland .

The registration and on line application process is considered along with useful tips on how to avoid rejection at this stage. Icons are used throughout the text to signify top tips, dangers, facts and figures etc. Examples of the Situational Judgement tests which are used in Stage 2 of the process and which test the applicant's ability to apply knowledge and skills to written scenarios depicting professional dilemmas and clinical problems, are described in a useful and extensive question and answer format. In my opinion this text would form excellent test preparation for potential candidates. The revision exercises which deal with all aspects of the assessment curriculum will allow candidates to identify areas of weakness and focus on their learning needs.

The format of the Selection Centres at Stage 3 is also described in detail, along with details of what to expect on the day. The two types of assessment exercises used in the Centres namely the written prioritization and the simulation exercises are described. The simulation exercise involves taking part in role play activities and the written prioritization exercise involves ranking a series of options with regard to priority given a clinical scenario. Advice on how a candidate can demonstrate the key competencies of empathy, communication, problem solving, coping with pressure and professional integrity, all of which are being assessed, are listed. There are several worked examples to consider, and the key points which are important to get across to the assessors are described. The last chapter discusses a list of hot topics relevant to modern general practice and around which many of the scenarios tested at Stage 3 are based.

This is a unique book. It is highly practical, contemporary, well set out and easy to read. The assessment process for general practice is challenging and reading and acting on the advice given in this book would be excellent preparation for a potential applicant.

Keith Steele

EMERGENCY CARDIOLOGY: AN EVIDENCE-BASED GUIDE TO ACUTE CARDIAC PROBLEMS.

Second edition. Karim Ratib, Gurbir Bhatia, Neal Uren and James Nolan. Hodder Arnold. 2010. Paperback 280pp. £22.99. ISBN: 978-0-340-97422-3



The white coat, the definitive symbol of the doctor, has been under assault in recent years. For physicians, white became the new black towards the end of the 19th century, reflecting a new emphasis on cleanliness and antisepsis. Nursing uniforms followed suit as did those of religious orders tending to the sick. Twenty years ago, a medical student or junior doctor would have been chided on the ward for forgetting their white coat. In the new millennium they are likely to be harassed for wearing one

If the white coat has an uncertain future, what is to become of the pocket-sized handbook of emergency medicine? Undeterred, Ratib and colleagues have written a handbook of emergency cardiology aimed at junior doctors, cardiology trainees and emergency department staff. It fits perfectly in a white coat pocket

It opens with a list of abbreviations. Eleven chapters cover the range of inpatient cardiology: resuscitation, acute coronary syndromes, arrhythmias, infective endocarditis, cardiac trauma and more. It goes well beyond emergency cardiology; indeed the inexperienced cardiology trainee would be well-equipped to deal competently with most inpatient scenarios with the help of this book. Of particular value are the appendices: intravenous cardiac drugs, reference ranges for investigations and relevant web addresses. Tables list causes of (for example) ventricular fibrillation and hypertension and summarise clinical scoring algorithms. The 2010 changes to ALS guidelines are not included reflecting the limitation of all printed textbooks – the inability to stay current

Fans of *The Apprentice* will be aware of USP's (unique selling points). The stated USP of this handbook is that it is evidence-based. This could be a problem. Several times a year, long-standing dogmas in cardiology are disproved. It has been proposed recently that CPR may be harmful in out-of-hospital ventricular fibrillation. We don't know. Only a few emergency interventions derive from published evidence. Perhaps "The Practical Guide to Inpatient Cardiology"? The USP: it fits in your white coat pocket!

Carrie Moffitt, Niall Herity

INTERPRETING CHEST X-RAYS

Stephen Ellis. Scion Publishing Ltd. 2010. Paperback 250pp. £24.99 ISBN 978 1 904842 77 4



'Superfluous' would seem a reasonable characterization to any new work uniquely addressing the plain chest film. Ubiquitous for so long and bereaved of any cutting edge technological appeal, reading the simple chest x ray has become a pervasive practice amongst the medical community whilst generating inconvenient disdain by many sub specialised Radiologists. However in providing an uncompromising review of interpretive technique, this book's main strength lies in reaffirming the level of skill and detail required to extract the most from a very cost effective investigation.

Commencing with two succinct chapters on what producing a chest x ray entails and the anatomy thus demonstrated, there follows a pithy resumé of how any image is appreciated in the cerebral cortex. The essential components of the exam are then dismembered, specifically the indispensable review areas and pattern recognition, before applying them to the major disease categories. There are sections on critical care and post operative appearances and a short case study section. The text is erudite but readable and the complimentary schematics are clear.

Unfortunately the elephant in the room is the quality of the images. Reproducing the diagnostic spectrum of black and white contrast unto paper is notoriously difficult, but despite access to online images, it seems impolite not to at least try. The obvious question must be why bother with a hard copy at all when accessing an electronic format is essential anyway. This is particularly disappointing because the selected examples are relevant and informative.

The intended target audience is the diversity of healthcare workers exposed to imaging. Paradoxically in focusing so comprehensively on interpretation, beneficiaries are likely to comprise a much more select group, in particular those required to provide IRMER standard competency over the course of their career. I would have no hesitation in also recommending it as a reference to anyone requiring basic clinical information from this readily available investigation.

In short an accomplished text (and I suspect the author) has been let down by poor image reproduction quality, web access notwithstanding. That interpretation of the plain vanilla chest x ray is not a soft skill is confirmed, but the foundations to eventual mastery are provided.

Mark Worthington